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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 163.]

GENTIAN.—As a simple tonic, and in cases in which no anti-periodic action is required, gentian is quite equal, if not superior, to cinchona bark. It has the advantage over the latter of being free from astringency, and may, therefore, be exhibited in not a few cases in which cinchona is objectionable. While it is a less powerful tonic than quinine, it is also less stimulating, and while few who can tolerate quinine cannot tolerate gentian, the converse is by no means always the case.

It is most useful in simple debility of the digestive organs; in general debility, consequent on, or accompanied by, anæmia; in chlorosis, and in scrofulous cases. It may be given combined with antispasmodics, as *safœtida*, *muse*, &c.; with sedatives, as *hyoscyamus*, *hop*, &c.; or with the metallic salts, as sulphate of iron, or oxide of zinc, according as hysteria, irritability, or anæmia, preponderates.

In some parts of the Continent, there is used a spirit of gentian (*esprit de gentian*), limpid, of an aromatic flavor, and far from unpleasant as a cordial. On one occasion, when the writer was attacked by rheumatism, attended with great debility, in Switzerland, he derived marked advantage from the use of this in warm goat milk.

Gin.—This is a spirit distilled from rye or malt and juniper berries. It was first prepared in Geneva, and hence it used to be, and still is, sometimes so called. It has since been manufactured by the Dutch, and in consequence often goes by the name of *Hollands*. As used in England, it is, like almost every other article of food and drink, grossly adulterated. Turpentine is substituted for juniper berries, and vitriol, alum, sugar, are added by the retail dealers, and so sold to the people. Yet we have a police and sanitary commissioners!

Genuine Geneva, or *Hollands*, is perhaps one of the best of alcoholic liquors. It is equally wholesome with the best cognac or whiskey, and its diuretic properties prevent it from producing that febrile excitement which often succeeds the use of the former on the ensuing day. In dropsies, whether anasarca or ascitic, it is of twofold use, helping to remove, at once, the water and the debility. In derangements of the digestive

organs, accompanied with a foul state of the tongue, and of the secretions, and with biliary disorder, in which the use of malt liquors or of wine is inexpedient, but where the patient requires, or has been used to, artificial drinks, Hollands will be found the best substitute for malt liquors and the most unexceptionable spirit.

Ginseng.—A Hindoo or Chinese name for the root of the panax quinquefolium, which, like many things extravagantly esteemed by the Chinese and by semi-civilized nations, is found to be in no respect remarkable. It is simply a demulcent with no peculiar properties or advantages.

Gold.—The preparations of gold have hitherto been little known and used in England, but there is reason to believe that they are very valuable—equally so with the preparations of silver. Gold is used in various ways: first, it is used in powder, either by pulverizing the gold, as with a fine file, or by beating up gold leaf in a mortar, with sulphate of potass or honey. The powder, or electuary, is then rubbed on the gums or tongue, or applied, in dressing, to leprous, scrofulous or syphilitic sores. The oxide, or rather deutoxide, of gold—the purple powder of Cassius—is the next form. Of this, six grains may be mixed with four or five drachms of the powder of mezereon bark and some mucilage, and divided into sixty pills, of which from one to eight may be given daily—that is, we begin with one, and increase the dose gradually to eight pills a day. This is recommended in syphilis. The chloride or perchloride of gold is the next preparation. This, besides being liable to decomposition, is violent and unmanageable, being little less so than the bichloride of mercury. The chloride of gold and of sodium is both a milder and a more permanent preparation: nine grains of it may be mixed with a few drachms of powdered gum Arabic, and made into one hundred and twenty pills, of which the commencing dose is one a-day, the dose being gradually carried to fifteen daily.

The last preparation we shall notice is the cyanide of gold. The following formula is recommended by Chrestien, in amenorrhœa: cyanide of gold, two grains; chocolate paste, about an ounce or ten drachms; make into lozenges of the ordinary size; of these, take from one to four a-day. Pourché and Chrestien recommend the following pill in scrofula, syphilis and amenorrhœa: cyanide of gold, one grain; extract of mezereon bark (which preparation we have not in England), from three to fifteen grains; acacia powder, as much as may be necessary to make fifteen pills: commence with one pill; on the second day, take two; on the third day, three; and continue at this dose until the fifteen are taken.

In the treatment of dyspeptic derangements, the preparations of gold are chiefly useful as alteratives, and combined with rhubarb, aloes, scammony, &c., as useful purgatives in foul states of the mucous membrane of the stomach and bowels.

Gout.—"Functional disorder of the digestive organs," writes Dr. Copland, "is one of the most universal causes of gout." The stomach is blamed and blamable for many things; sometimes, however, it is charg-

ed unjustly. The above statement of a justly-respected author and physician, and the connection of the stomach with gout, illustrate my remark.

The stomach is often blamable for the gouty diathesis and the gouty paroxysm, but not in the way Dr. Copland alleges, and is usually supposed. He speaks of "a state of inflammation," and of "vascular erethism" of the mucous surface, as inducing gout; and he adds—"When the appetite is impaired, owing to the digestive mucous surface having assumed a more inflammatory state, frequent attempts are but too often made to excite it by stimulating and savory articles of diet, and the mischief is thereby augmented." These views require a brief comment.

I, too, regard the stomach as a frequent cause of gout; but it is the healthy, not the morbid stomach, that is so. It is a good and normal appetite, inconsiderately indulged, both as regards the quality and quantity of the alimentary ingesta, that is to blame for gout. It is during the enjoyment of a healthy vigorous digestion that the *materies morbi arthritici* are accumulated in the system. The morbid states of the stomach which Dr. Copland enumerates, as causing gout, are coetaneous effects with gout, of a long course of dietetic indiscretions, by which the blood has been unduly loaded with principles requiring regular or irregular elimination. And in a state of chronic gastric irritation, such as Dr. Copland describes as the cause of gout, this disease would never have occurred, for two reasons: first, the patient's appetite would not have been at all so large and various as to lead him to present his stomach with rich and stimulating aliment—the consequent malaise and irritation of meals of this sort would have hindered him from doing so; and secondly, his assimilative powers would have been so impaired as to prevent all risk of the circulation being loaded with those too large reinforcements of rich chyle, of which gouty disturbance is the consequence. Finally, it would only require to keep a man in a state of chronic gastritis for a month or two, to moderate greatly the arthritic diathesis in him. It will invariably be found that gouty subjects, in the interval of their attacks (and during which time they are accumulating, as I have said, the materials of future paroxysms), enjoy a healthy and vigorous digestion.* This, indeed, usually becomes impaired, and the stomach deranged, a few days before the local symptoms of gout appear; but it would be ætiologically inaccurate to regard the connection of these as cause and effect, and not merely as synchronous, or almost synchronous, consequences of one cause. It is true that the immunity from gastric derangements, and the vigor of digestion above referred to, cease, to a great extent, to be manifested after gout has become chronic, and the patient has passed middle life, and become debilitated; but even then the continuance of the gouty affection

* This remark applies to regular acute gout in persons of otherwise sound constitution, of which the writer has seen a good deal, and which he experienced in his own person, as early as his 25th year. The writer's case proves that gout sometimes occurs early, even when there is no hereditary predisposition. His father, a clergyman of studious, but far from indolent habits, never suffered from gout, and died in his 69th year. His mother was equally free from the disorder, and after a life of almost uninterrupted health, died in her 79th year.

is not at all or only very partially due to the gastric irritation, but principally depositions of urate of soda about the joints; which depositions, being permanent and inabsorbable, keep up a chronic local sub-inflammation, irrespective of the state of the digestive organs.

The predispositions to gout may be constitutional or hereditary; but perhaps in every case the influence of these could be eluded or counteracted by a life of great regularity, activity and temperance. Hence the disease is almost always immediately ascribable to actual indiscretions of the patient himself, either in the use of food or the neglect of exercise.

When, in some cases, derangements of the digestive organs are to blame for the induction of gout, this chiefly happens in consequence of the irritable states of the gastro-enteric mucous membrane, whereby this surface becomes inefficient as an emunctory. Hence sundry principles which should be eliminated on this surface, are retained, leading to constitutional disturbance, and local (arthritic) inflammation. But it is necessary to observe, that although interruption of the gastro-enteric secretions often occasions the results now named, yet interruptions of the renal secretion of the skin are much more frequent and influential causes.

It is hardly worth while to detain ourselves with any detail of the views of the ancients as to the pathology of gout; for these views were crude and incorrect. Even the most recent writers have propounded theories needlessly refined and circuitous. The history of a simple case of acquired acute gout seems to consist in a plethoric state of the circulation, usually owing to food too rich, plentiful and stimulant, and to deficient exercise; to the blood being, moreover, unduly charged with fibrin and red globules; to a thence resulting partial decomposition of that fluid, or at least a disturbance of the physiological equilibrium of its normal constituents. Hence a tendency to, and a necessity for, a more than usual elimination by the kidney of uric acid and the urate of soda. These, however, so superabound, that the kidney cannot excrete them sufficiently largely or quickly, or becomes fatigued in so doing, as every organ is apt to become whose function is too continuously called into exercise. In consequence, uric acid and the urate of soda, not finding a physiological outlet by the kidney, are ready, as the event shows, to be deposited where a local inflammation affords an opportunity, that local inflammation being itself but an effect of constitutional disturbance, caused by the superabundance of uric acid and urate of soda in its circulation.

What circumstances determine the preference of gouty inflammation for the extremities are not altogether clear. It may be, that in these parts the circulation being more feeble, and the animal temperature lower than elsewhere, the deposition of urate of soda is facilitated. Under this supposition it will be the deposited urate of soda that causes the local inflammation, not the inflammation that leads to the deposition of the urate of soda. Which of the two phenomena is the primary and casual one, it is not easy to determine. It may be, that now the one and now the other is so. It is uncertain, also, whether in all cases urate of soda is actually deposited about the affected joints, or remains in a state of solution. That it is sometimes deposited, is certain; but in the early gouty parox-

ysm, and before the disease is chronic, it is re-absorbed. In chronic cases, however, this result does not follow; it remains where it has been deposited, forming what are called chalkstones, and permanently injuring the play of the articular tendons and ligaments, and, consequently, the movement of the joint. But though the enlargement and stiffening of the joints is in part owing to the deposition of the urate of soda, it is also, in part, due to exudation of the plasma or coagulable lymph, by which cellular tissue is solidified, tendons are thickened, &c.

In many cases, the arthritic is associated with a neuralgic diathesis, and I have often observed, that in such instances, moral irritation of a depressing kind will strongly predispose to an attack. In those, also, who are highly charged—if the phrase may be used—with a gouty disposition, a thousand trivial circumstances will develop it, in like manner as we observe in some people erysipelatous inflammation follow any slight abrasion, &c., of the skin. I have seen the slight pressure of a new boot, a long walk, in which the articulations and muscles of the foot were too much exercised, and even causes less important, induce attacks of gout. With its speedy occurrence after an incautious use of particular wines or articles of food, every practitioner is familiar. Champagne and claret soonest induce it in many cases. Of all vegetable acids, the malic is the one which, according to my observation, is most objectionable in the case of gouty subjects. I believe that in these cases, acids act detrimentally, by hindering the due elimination of uric acid and its salts by the kidney.

Gout presents several varieties or modifications, according to the age, constitution, vigor and habits of the patient. Thus we have acute regular gout, chronic gout, retrocedent or metastatic gout, and what I shall call ill-developed or imperfect gout. A short notice of these, and of the treatment required respectively by each, will conclude this paper.

Acute regular gout occurs, in its simplest and best characterized form, in patients about middle life, and of sound constitution. For some days, or it may be for a week or two before the attack, there are symptoms of gastric derangement, such as loaded tongue, ill taste in the mouth, irregular bowels, urine high colored, scanty or turbid, and depositing a red sediment. After some such symptoms, the patient is seized, often suddenly, with an acute pain in the foot or hand, usually in the ball of the great toe. The part becomes red, hot, swollen, shining; it throbs; the patient is restless and feverish; he does not sleep till towards morning, when the pain somewhat subsides, perspiration occurs, and the patient, except in severe cases, has some relief until the ensuing night, when the same symptoms recur. These diurnal or nocturnal attacks continue during from two or three to eight or ten days, after which, the patient regains his usual health, and soon recovers the use of his foot, though sometimes there remains, for a longer or shorter time, a weakness in the part. In consequence of the restrictions of diet, and use of medicine, the patient often feels himself more alert and in better spirits, and with a better appetite, than before, and he is apt erroneously to impute these effects to the arthritic attack.

The treatment should commence with a purgative, which may be a smart one if the patient is robust and plethoric, and the attack is acute. From ten to twenty grains of jalap, and from three to eight of calomel, or any other purgative of corresponding energy, may be ordered, though hardly anything else adequately replaces mercury as a purgative in the outset of gout. The above dose should be followed, in from two to five hours, with a draught, consisting of equal parts of the infusion of rhubarb and senna, containing a drachm of sulphate of potass, and a scruple of the carbonate of that alkali. After this, a diaphoretic tisane, consisting of one or two drachms of ipecacuanha wine, or four drachms of the solution of acetate of ammonia, in a pint and a half of weak tea, is to form the patient's drink. The patient is to eat little or nothing for twenty-four hours, and no further use of purgatives is to be made, at least for a day or two. At night, a full dose of Dover's powder may be given. This will relieve pain, secure sleep, promote diaphoresis—each an important object. On the third day, the use of colchicum may be begun. I have always found this most efficacious when given simply in doses of from twenty to sixty drops of the wine in four or six ounces of distilled water, along with from five to ten grains of the nitrate of potass. To this, two drachms of the compound spirit of juniper, and half a drachm of the spirit of nitric ether, may be added. Few persons can bear or will require a dose of sixty drops of colchicum wine oftener than twice in the twenty-four hours. Many cannot endure a half or third of that quantity.

In France, and elsewhere on the Continent, various other local and internal means are recommended. Thus some practitioners direct its affected member to be invested with alcoholized emollient cataplasms; others recommend a plaster sprinkled with potassio-tartrate of antimony; others cataplasms of farina and milk, impregnated with henbane, hemlock, &c. The cataplasm of Pradier is thought well of in France. It consists of balsam of Mecca, saffron, sage, sarsaparilla, and red cinchona, dissolved in three pounds of alcohol. To this lime water is added, and then a sufficient quantity of linseed meal to make a poultice or cataplasm. This is applied to the foot, and the member is then wrapped up in warm flannel, or gummed taffeta. The cataplasm is changed every twelve or sixteen hours.

Another application in France, are compresses impregnated with a solution of the cyanide of mercury.

On the Continent, narcotics are also used internally. Opium, and its preparations, have the preference, if not contra-indicated. Purgatives are also given, but with prudence and moderation. The use of local blood-letting, as by leeches to the affected part, is now almost wholly abandoned everywhere; but some practitioners, among ourselves and abroad, still recommend phlebotomy in cases of regular acute gout, when the patient is young and plethoric. I should myself avoid this measure, unless in most urgent circumstances.

Chronic gout requires much less active treatment than acute. But nearly the same medicinal agents are to be had recourse to in either sort.

However, some slight modifications must be observed. The diaphoretics in chronic gout may be more stimulant than in acute. Thus the compound tincture of guaiacum, which is even hurtful in the latter, is well borne in the former. Opiates may be also more freely used. And now, also, alteratives become necessary, the digestive organs beginning to participate in the general derangement; the biliary and other secretions to be less regular and efficient, chyliification less perfect, and defecation less active. Friction with a pomnade, or soft ointment of four grains of veratrine in one ounce of lard, may be applied to the affected part; and a solution of veratrine, consisting of one grain thereof in two ounces of distilled water, a twelfth to an eighth part to be taken twice or thrice a-day, or oftener, in a draught.

The treatment of metastatic gout is simple, though, not for that reason, always satisfactory or successful. What I mean is, that the indications are obvious. We must endeavor by sinapisms, hot pediluvia, blisters, stimulant frictions, to keep the gout in the feet or hands, or recall it thither.

If the stomach is attacked, we must give cold or iced drink, with opium in it, the feet being simultaneously plunged in hot water with mustard dissolved in it. If the head is the seat of metastasis, while the feet are treated in the manner just stated, cold evaporating lotions must be applied on the temples, forehead and occiput. If the heart is affected by metastatic gout, there is great danger, for we know not what to do. The best way is not to interfere with the heart at all, but vigorously to apply derivation and counter-irritation to the extremities. As to the practice recommended by some of giving hydrocyanic acid in metastasis of gout to the heart, it is mad advice, and is not more reasonable than if, with a view to make a paralytic man steady, we made him drunk.

Ill-developed, or *covert* gout [we name it so in contradistinction to *overt* gout), is not the least important or least common form of this malady. It is, perhaps, the most frequent, and, in some senses, the most serious. Considerable observation has satisfied me, that to smouldering gout are due many anomalous affections and pains which go under the names of hysteria, hypochondriasis, gastrodynia, neuralgia, cephalalgia, tic douloureux, spinal disease, nephritic derangement, &c.

FRACTURE OF THE CERVICAL VERTEBRÆ.

[Communicated for the Boston Med. and Surg. Journal.]

DR. HILL's case of dislocated vertebræ (page 405 of this Journal) reminds me of a pathological specimen of the spine which I have been in the habit of exhibiting to the class of the Indiana Medical College, to illustrate injuries of the spine. The case occurred in Illinois, in the practice of Drs. Hard & Richards, of Kane Co., in that State, from whom I had the history of the injury, and who kindly furnished me the specimen. It consists of the whole of the dorsal and lumbar vertebræ. The *last* dorsal vertebra had evidently been fractured through the body

obliquely from before backwards and downward, leaving the spinous and articulating processes on the upper fragment. The articulating processes were dislocated, and separated from each other from one half to one fourth of an inch. There is but little displacement of the fragments, excepting an angular one, which so altered the medullary canal as to have greatly compressed the medulla spinalis. Bony union was perfect throughout the whole fractured surface, with no exuberance of callus or any evidence of morbid action in the parts.

The history, as near as I can remember, was of this description. He was a man of adult age. The injury occurred while riding a horse, which reared and fell over backwards upon the rider. He was taken up and carried into the house, and Drs. Hard & Richards sent for. They found his lower limbs perfectly palsied. Examination could not detect the exact seat of the injury, but a probable fracture of the spine was inferred, and a fatal issue predicted. He lived five months, most of the time in excruciating agony, which nothing would mitigate but large doses of morphine. He finally died with a pulmonary disease, suppuration extensively occurring in the pulmonary tissue. While he lived he had several attacks of malarious fever, and some extraordinary phenomena attended, which I do not precisely remember. On a *post-mortem* inspection of the body, bony union was found perfect in the fractured vertebrae; not the least suppuration, or caries, or disease of any kind, was present in the bone or tissues surrounding it, if we except the medulla spinalis, which was destroyed to some extent above and below the fractured portion. The sheath was there, but the medullary portion was gone. The most singular circumstance in the case, was the dislocation of the articulating processes, without their being fractured in the least.

A case of fractured vertebrae occurred to me three or four years ago, in which a complete paralysis was induced. The man was assisting in raising a house with long levers, one of which fell on to the back of his neck and knocked him down. He was taken up and found to be perfectly palsied below the neck and shoulders. I saw him in consultation the second day from the injury. On examination, it was discovered that the blow was received on the fifth and sixth cervical vertebrae, and they were in all probability fractured. His bowels were much distended; there was retention of urine and faeces, and total loss of sensation and motion in the parts below the fracture. Respiration was laborious, as he breathed apparently by the voluntary muscles. He retained his senses most perfectly, and it was truly painful to behold a human being, *dead* as far as all sensation and feeling were concerned, with the exception of his head, and that looking on his body with painful consciousness of its hopeless condition. He would exclaim that death had possession of all but his head, and that if he should go to sleep he should die by ceasing to breathe, which he effected by voluntary efforts of the muscles of respiration. He lived about seventy-two hours, and never once slept, until the sleep which closed in death. He was conscious that this would be the case, and repeatedly expressed himself to that effect. No *post-mor-*

tem examination was made. The injury was below the origin of the phrenic nerve, as death would have been immediate if not so.

Fractures of the spine are sufficiently deplorable under the most favorable circumstances; but they are not always fatal, we are well assured, if the medulla spinalis escapes injury. But very often this is the case; and our prognosis will depend on this fact, in preference to any other thing. Several cases have occurred to me within a few years, and I am induced briefly to allude to them.

In the summer of 1841, a young lady was thrown from a chaise in consequence of the running away of a horse. She was precipitated from the chaise with great violence far ahead of it, and the wheel struck her on the back, over the lumbar region. She was taken up and carried home, about a mile distant. A medical gentleman was called, who found her unable to move her lower extremities, which were also insensible. I saw her in consultation next day, when re-action had taken place, and she complained of violent pain when she was moved. On examining the spine, it was found that the fourth and fifth lumbar vertebrae were so exquisitely tender as to make her cry out with pain when they were pressed upon. The least motion of the hips or body would also cause the same excruciating anguish. There was evidently fracture of one or more vertebrae, for motion would produce distinct crepitus; but whether of the body or processes, could not be definitely settled. There was some deformity of the spine, and a good deal of swelling over the region of injury; also total insensibility and loss of motion below the seat of fracture, and retention of urine and feces. The physician had bled her, and it was thought best to perform the operation again, which was done. The urine was drawn off by the catheter, and a cathartic administered, and its operation promoted by an enema. She was cupped over the lumbar region from time to time. Strict rest in the horizontal position, on a firm mattress, was enjoined. Blisters were applied for awhile, after the first few weeks had passed over. In six weeks she began to have some little return of sensation in the limbs, and could retain and void her urine. She was confined to the bed eight months, and it was more than a year before she could walk without the aid of some one to support her. But she finally recovered, and has since married and borne a child. Her limbs are, however, very weak, and her back painful. This was undoubtedly a case of fractured spine, with such injury of the medulla spinalis as to destroy its functions, at least for awhile. There was extravasation of blood undoubtedly into the medullary canal, which was finally absorbed, and the fractured bones united, leaving the canal in a state of integrity.

The fracture of a vertebra is not necessarily fatal, if unattended with injury of the spinal cord to that extent that nature cannot repair the mischief. In the first case that I have related, it is to be seen that perfect bony union had taken place; and there is no doubt, had the spinal marrow escaped injury, he would have recovered perfectly, notwithstanding the complete fracture of the body of the dorsal vertebrae.

A man, aged 50, was run away with by a horse attached to a sleigh.

He was thrown against a rail fence with great force, his back coming in contact with the end of a sharp rail. He was picked up and carried into a house. I saw him in a few hours after, and found him cold, numb, and in great agony in the back. On examination, I could plainly make out a fracture of the last dorsal vertebra; at least the spinous process was movable, and a crepitus could be detected. His legs were partially insensible, with an entire inability to move them; urine retained, &c. &c. I bled him as soon as re-action came on, cupped him in a few days, drew off the urine with the catheter, and enjoined strict rest on a firm mattress. In the course of a month he began to improve, and regain motion and sensibility in his limbs, and in six months could walk; and is now, two years from the date of the accident, able to do a good day's work. But there is a curvature of the spine at the seat of the injury, an excavation, and a lateral one.

Whether this was a fracture of the body or of the processes of the vertebrae, it is impossible to say; but the spinal cord fortunately escaped laceration, although for awhile it was compressed by extravasation, so as to impair its functions.

A man by the name of Stevens, living in Solon, in this county, fell from a building, from the breaking of a scaffolding. The distance was about fifteen feet. He fell on his back, against a round stone which was firmly fixed in the ground. He was taken up, with loss of sensation and motion in his lower extremities, retention of urine, &c. &c. He was very fat, and it was difficult to discover the exact seat of injury, as no deformity was present; but on examination, he evinced great pain on pressure over the second lumbar vertebra. I saw him a month after the accident, in consultation with his attending physician. He was then unable to move his limbs, but sensation was returning, and he was improving in every respect, and I have no doubt got entirely well.

It is not positive that this was a case of fractured vertebra, but the phenomena attending were so similar to those of the preceding cases, where fracture was known to exist, that I have little doubt of its being the case.

A drunken, rowdying fellow, who was excessively fat, with a short bull neck and broad shoulders, jumped from a second-story window of a tavern, and alighted on the plank platform below, on the top of his head. He was in the habit of suddenly jumping out of bed, and sometimes out of the windows of his house, and scouring over the fields, screaming at the top of his voice, all the while imagining the devil at his heels. It is probable that he went to bed well fuddled the night of the accident, and it being excessively warm, the window was left open. He was found early in the morning insensible, was carried in, and a physician called. He lay several days in an apparently hopeless state; but he finally began to gain, when he was brought home, and I took charge of him. I found his neck stiff and sore, to that degree that motion could not be borne. The sixth and seventh cervical vertebrae were the ones that were injured. The least pressure over their spinous processes produced such agony that no close examination could be made; and it was

there that he referred all his pain, when he moved his head or had it moved. By cupping and blistering, and rest, he began to improve, and in about six months he was able to go about and do some business; but his neck became ankylosed in so great a degree, as to nearly fix it, and oblige him to turn his whole body to look about him. I have no manner of doubt that this was a fracture of one or more cervical vertebræ, but with an escape of the spinal marrow from the injury.

Cortlandville, N. Y., June 22, 1848.

A. B. SHIPMAN.

CAN THE LARYNX BE ENTERED?—DR. HORACE GREEN AND HIS PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

Do not be alarmed, my dear Sir, at the above title. I am aware that to discourse upon the subject of entering the larynx, is about equivalent to taking one's seat upon a keg of gunpowder, to which a lighted match has just been applied. I disavow any unkindly feelings or intentions, however, and beg to assure you that I do not desire to say anything in a controversial spirit, but merely to state a few facts, which I consider due to the gentleman whose name is placed at the head of this communication.

You have not forgotten, I presume, that there was a controversy in your Journal respecting the origin of Dr. Green's method of treating diseases of the larynx, &c. Your correspondent, Dr. Reese, contended, on the one hand, that the practice originated with Trousseau & Belloc, of France, and that it had been unjustly and unfairly appropriated by Dr. Green without acknowledgment; while the opponent of Dr. Reese, on the other hand, contended that Dr. Green's method of cauterizing the interior of the larynx was wholly different from that of Trousseau & Belloc, and, therefore, so far as the latter gentlemen were concerned, Dr. Green was entitled to all the merit of the discovery.

Now if any additional facts have come to light, since the controversy ended, tending to show that Dr. Green was unjustly assailed, I am sure that you will cheerfully give them a place in your pages.

These prefatory remarks have been made in reference to a letter which we have just been perusing, and to which we invite attention. It is dated Pisa, Italy, and was written by a Mr. V. to his brother in this country. Mr. V. had suffered with an "old chronic catarrh," as he terms it, for fifteen years, and had travelled over Europe with a view to the restoration of his health, availing himself of the treatment of the most skilful and distinguished physicians he could find. He received no benefit, however, and returned to this country, where he placed himself under the treatment of Dr. Green, and was not only relieved of his sufferings, but restored to very excellent health. He then set out for Europe again, for the purpose of seeking *enjoyment*, whereas, previously, he had only been in the pursuit of *health*. He arrived in Paris, in the progress of his journey, and during his stay there, the weather became rainy and foggy, owing to which his "throat began to cause him some

trouble." Anxious to be relieved as soon as possible, he made his way directly to Trousseau, who, availing himself of a "probang and sponge," applied a strong argentine solution "about the superior part of the larynx and behind the epiglottis," but without attempting to introduce the sponge into the laryngeal cavity. He repeated the application from day to day, as just described, but the patient not deriving that benefit which he had experienced from the applications of Dr. Green, requested the distinguished Frenchman to do him the favor of "entering his larynx." Trousseau, however, declined to do so, being evidently afraid, as the writer states, of producing convulsions.

We may justly infer from this, without any other testimony, that Trousseau had no knowledge of Dr. Green's method of operating; and hence it must be regarded as very remarkable, that any intelligent physician, either from an excess of benevolence, or from any other motive, should have awarded to Trousseau that credit which he would not have claimed for himself, and which, in truth, as an honorable and distinguished member of the medical profession, he would have indignantly refused.

The treatment of Trousseau in the case of Mr. V. (I may remark, *en passant*) consisted, in addition to the topical applications already mentioned, of a "portion of calomel," and the smoking, twice daily, of a cigar formed of "unglued paper" which had been wetted with a solution of "arsenate de soude."

Trousseau advised his patient to quit Paris and seek a more genial climate, and accordingly he set out for Pisa, where he consulted two eminent physicians, one an Englishman and the other an Italian. To these he made his case known, and solicited them to make an application to the interior of his larynx, feeling persuaded that this only would afford him decided relief. Like Trousseau, however, they were both afraid to make any such application. They recommended a light diet, with a resort to drugs and blisters; but the patient, having been more familiar with this routine of treatment for the previous fifteen years than was either agreeable or in his opinion *profitable*, concluded not to follow their instructions, and resolved, in the dilemma in which he found himself, with difficult deglutition, and other severe sufferings, to "enter the larynx" himself, "hazardous" and "fearful" though it might be. He succeeded in performing the operation, however, without any particular difficulty, after the three distinguished European physicians, just cited, with Trousseau at the head of the list, pronounced it to be dangerous and impracticable. Thus was this extraordinary "anatomical and physiological impossibility" overcome, and that, too, by one who knew nothing of "anatomy," excepting that he had a *skin*, and in addition to that, a *larynx* in a state of disease, which innumerable physicians had been endeavoring in vain, for a period of *fifteen years*, to cure. The writer states that he applied the nitrate of silver, in solution, to the laryngeal cavity every other day, and soon found that relief which he had sought for in vain from other sources upon the Continent.

The fact just narrated carries with it a wholesome admonition, which

may prove of service to our "learned critics," who should never undertake to "post up the profession" on any particular topic, without first being assured that their *day-book* is not blurred by *false* and *malevolent* entries.

While Dr. Green has been persecuted at home, and even grossly accused by certain *cisatlantic* scribes of plagiarism, it is gratifying to find that *transatlantic* reviewers and critics speak of him in those terms of unqualified praise and commendation, to which his industry and genius so eminently entitle him. The British Medical Review, in an extended notice of his work, says—"the whole subject is undoubtedly his own." Ireland, also, as well as England—with her "big heart," her strong pulse, and her warm and generous sympathies—has sent forth an approving and encouraging voice. We allude to an elaborate notice of Dr. Green's work in the Dublin Quarterly Journal, in which the writer gives an account of the imperfect method of Trousseau & Belloc for the introduction of a solution of the nitrate of silver into the larynx, and adds, "But Dr. Green has found out another method of applying the solution to the laryngeal mucous membrane, so simple and so efficacious, that he has been induced to publish this volume upon its merits."

The Dublin Quarterly says, in another place—"We shall only remark, that we are fully convinced of the originality of observation displayed by our author, and of the perfect truth of the statements contained in his treatise."

These passages from the Dublin Quarterly do not require any comment—they carry with them their own interpretation.

We have said that Mr. V.'s letter was dated *Pisa*. *Apropos* of this! It reminds us of poor old Galileo, who maintained, in opposition to one of the axioms of the Aristotelian mechanics, that all bodies would fall through the same height in the same time, if they were not unequally retarded by the resistance of the air; and in proof of this, he let heavy bodies fall from the leaning tower of Pisa, and though the followers of Aristotle saw the unequal weights strike the ground at the same instant, we are told that they ascribed the effect to some *unknown cause*, and blindly preferred the decision of their dogmatic master to that of Nature herself.*

We need not make any application of this fact in history, excepting to remark that the blood of the Aristotelians is not yet quite extinct.

Medical men are too apt, like certain monks, to dance the whole of their ideas upon the point of a needle, and to individuals of this description is the world indebted for many learned attempts to prove the impossibility of "entering the larynx," as proposed by Dr. Green. This doctrine of "*impossibility*," however, is gradually becoming obsolete, and we are not exactly certain whether it is not *cruel* even to suggest that such a doctrine was ever seriously taught by sober-minded and educated physicians. Be this as it may, it is not very probable that hereafter any medical man who wishes to be considered a "part and parcel"

* See Sir David Brewster.

of the present "enlightened" century, and who, withal, is not ambitious of being daguerreotyped as the veriest blockhead in Christendom, will contend for the "impossibility" of entering the larynx, as practised by our countryman. This question being settled, one would naturally suppose that Dr. Green, after passing through the fiery ordeal of criticism, would be permitted to take a little rest; but from all that we have seen and heard in "high-ways and by-ways," as we have floated through the world of medicine, it is clearly discernible that there is still another "dragon in the arena," which is destined to exhibit its fiery coils, and scatter around its deadly venom. In simple language, it would seem that Dr. Green is to be arraigned, sooner or later, in the high court of medicine, upon another and a very serious charge, affecting his "professional character," viz., that of wickedly and deliberately *excising tonsils*, in numerous instances, contrary to the wisdom, prudence and sagacity of *certain* members of the learned medical faculty. We know not who is to *prefer* the charge, or play the part of Maral in the case aforesaid; but inasmuch as Dr. Green has an extensive practice, and is visited by patients from every part of the civilized world, we have no doubt that the "public good," or rather the "good of the universe," will require a full and minute investigation into this deeply-important matter.

But seriously, why should physicians accuse Dr. Green of removing tonsils unnecessarily? An accusation of this kind, to have any force, must be based upon sound pathological facts. The accusers must first ascertain the various morbid conditions which the tonsils assume, and then devise some efficient plan of treatment, independently of excision, by which these morbid conditions may be effectually removed. But will they be able to do this? How many scores of cases there are, within the range of every physician's practice, in which serious laryngeal disease, succeeded by phthisis, has originated in a diseased state of the tonsils. A patient is annoyed by an irritation in the throat, or larynx, which continues for months, or perhaps for years, and at length he consults his physician, who looks into his throat very gravely, and not perceiving any *hypertrophy* of the tonsils, which is his only rule for their excision, he shrugs up his shoulders very knowingly, and endeavors to persuade the patient that his symptoms are all imaginary, and that there is no disease of the tonsils which requires any interference. The patient goes home, more or less comforted, but his sufferings continue, and he is unable to resist the conviction that his physician does not comprehend the true nature of his case.

Dr. Green, with a ready tact, and a quick and practised eye, has been enabled to point out these abnormal conditions of the tonsils, independently of any considerable hypertrophy, in which excision is altogether indispensable, and without which it is impossible to render the patient any special service.

Now let that portion of the medical profession, who are disposed to accuse Dr. Green of mal-practice, first ascertain what his reasons are for removing the tonsils in those cases where they are but slightly enlarged, and

then, if they can prove that those reasons are fallacious, and at the same time direct some efficient treatment for the cure of the patients, without resorting to excision, they will prove themselves benefactors of the human race.

Sojourning the past winter in New York, where we had ample opportunities of witnessing the practice of Dr. Green, we saw a gentleman in his office who had come to him, as a patient, from a distant State. He had been long troubled with a disease of the throat, and had placed himself under the treatment of an educated physician in his neighborhood, who made repeated applications of a solution of nitrate of silver to the fauces, as directed in Dr. Green's work. The gentleman was not materially benefited, and, at the suggestion of his physician, visited New York for the purpose of placing himself directly under the treatment of Dr. Green. The tonsils were only slightly enlarged, and the investing mucous membrane, owing to the topical use of the argentine solution, had a very healthy aspect; but by making lateral pressure upon either of the tonsils, a quantity of pus could be forced from its follicles or cells.

Need it be said that this acrid and irritating secretion, without proper treatment, would continue to be poured out, and to communicate disease to the adjacent mucous surfaces, until the larynx became involved, and the patient, sooner or later, brought into a hopeless state of phthisis? Such, unfortunately, is the termination of innumerable cases, similar to the above, in which physicians do not interfere with the tonsils, simply because they do not find them in a state of hypertrophy.

We examined the case of a gentleman recently, whose throat had troubled him for years, and who had called upon an eminent physician to know if his tonsils were not diseased. The physician sent him away, with the assurance that there was no disease requiring medical treatment. Upon looking into his throat, it was perceptible that the tonsils were somewhat enlarged, having a *honeycomb* appearance, and it certainly did not require any very nice or delicate observation to notice that they were constantly exuding an acrid and pus-like secretion, which kept up a continual irritation in his throat, and even rendered his breath extremely offensive.

Here was a case in which an eminent physician decided that treatment was unnecessary, and in which, if Dr. Green should propose excision of the tonsils, he would be almost indicted for mal-practice.

Physicians should assume to be *wise* only in proportion to their *true knowledge*, and be sure that they do not rebuke or condemn a brother for his opinions or his practice, when it is only their own *ignorance* which deserves *rebuke* and *condemnation*.

We are glad to perceive that the British Review, already quoted, speaks favorably of Dr. Green's applications in cases of pulmonary disease. Commenting upon this subject, the reviewer says—"We have adopted the method of treatment recommended by him [Dr. Green], and can corroborate his statements as to its great value. Cases of pulmonary affection have in our hands been brought to a satisfactory termination, which we are quite sure, under the treatment ordinarily adopted, would

have terminated fatally; and we remember individuals, whose cases terminated fatally, who (we feel equally certain) need not have died, at least of that disease which cut them off. This much is due to Dr. Green."

We quote the above for the purpose of remarking, that a year ago, or more, we were treating a case of phthisis pulmonalis, complicated with severe laryngeal disease, and for the latter affection, which had become very annoying, we employed a solution of nitrate of silver topically, with excellent results, although it did not exercise, nor was it expected to exercise, any special influence over the general malady. We had the thanks of our patient for the relief which had been thus afforded, but they were blended with anathemas from another quarter. A certain *individual* consulted a certain "*high*" medical dignitary, in our good city, with regard to the case, and after describing it in the most *accurate* and *glowing* manner, the said dignitary, with an earnestness that would have done credit to Caligula or Nero, decided peremptorily that any physician who would adopt such treatment in such a case, ought to be sent to the penitentiary.

Since that time the distinguished Forbes, and other equally eminent transatlantic physicians and critics, have decided in favor of the practice, and of course the "*lesser*" oracles will now cease to bark at their neighbors who may see proper to give it a trial without first going upon their knees and asking permission of their "most excellent majesties."

Boston, July 5th, 1848.

Very respectfully, M. M.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. JULY 19, 1848.

Preparation of the New Adhesive Plaster.—In the Journal for July 5th, one of our oldest subscribers made some inquiries respecting the preparation of the new ethereal solution of cotton. As an answer to these queries, and also to show the attention which the subject has received in one of our sister cities, we copy the following directions from the last number of the American Journal of Pharmacy. They are the concluding part of an article on the subject by Edward Parrish and W. W. D. Livermore.

"The following observations are the result of a series of experiments in making the solution, which have several times disappointed us: as far as they go, they are freely offered for the benefit of others who may be disposed to attempt it.

"1st. Ordinary commercial gun cotton is not soluble in ether.

"2d. The best formula that we have tried for the preparation of this solution is as follows:—Take of Nitric acid sp. gr. 1.452, Sulphuric acid (Commercial), each 1 fluid oz.; cleansed and bleached Cotton, 2 drachms. Thoroughly saturate the cotton with the acids, and macerate for twelve hours. Then wash the cotton, dry it rapidly by artificial heat, in the shade, and dissolve it in one and a half pints sulphuric ether.

"3d. Gun cotton, as thus prepared, will lose its solubility entirely, by being kept a few days, or particularly by being exposed to the sun's rays.

"4th. The gun cotton prepared as above, is entirely soluble in the official sulphuric ether, though not in the hydrated ether or letheon.

"5th. As many groundless objections to the solution are due to its being carelessly or improperly applied, care should be taken to saturate the fabric used in making the plaster, with the liquid, and to allow it to dry while in close contact with the skin; and where a permanent plaster is required, it is well to apply it over the exterior surface with a brush. When thus applied, a piece of muslin one inch in breadth, and applied over a space of an inch and a half in length, will sustain a weight of ten pounds, its adhesion not being affected by moisture or temperature.

"6th. Some solutions of cotton, though resembling the true *collodion* in appearance, are found to produce a plaster of inferior adhesive power, and which ceases to adhere on being moistened. Such specimens yield a white precipitate upon drying, which appears to be due to the presence of water. The residue, after the evaporation of the best specimens, is nearly transparent in thin sheets, having somewhat the appearance of tissue paper, and is not readily inflammable."

Medical Book-making.—An interruption to the activity of the press in turning out publications on medicine and its kindred branches, is very apparent of late, owing probably to the same causes which are producing a stagnation in other departments of industry. With a return of good times, which both merchants and mechanics are expecting, the book trade will also receive a stimulus. It is certain that the publishers of medical works have exhibited a degree of enterprise, for the last few years, that commands our admiration; and if those for whom these books are written and manufactured, have availed themselves of the professional treasures spread out before them, for less than one half the cost of similar books in England, and are anxious for additional sources of instruction, the business may again become as active, and perhaps more profitable, than ever, to those embarked in the risk of publication. If medical gentlemen in the United States are without good libraries, it must be imputed to a want of ambition, since the prices of the first-class authorities bring them within the reach of a very moderate income. We have acquired the habit of looking to the Philadelphia and New York publishers for new and good medical books. When their machinery stands still, there is reason to fear that medical literature generally is inactive.

Professional Trickery and Ingratitude.—Among politicians, the word *availability* has become familiar, and means that if one cannot do as he would, he is determined to do as he can, in advancing his own principles, objects of ambition, and personal interests. Those who have had experience in affairs purely professional, especially journalists, have long since ascertained that the world abounds with men who, under the semblance of exceeding devotion to charitable objects and scientific pursuits, think far more of self elevation and position, than of the cause in which they would have spectators believe them ardently engaged. Such an exhibition is often discoverable in the writings of those who are perpetually endeavoring to establish a new theory, or re-vamp an old one, in a manner to create a

sensation. No food fattens such persons like a long scientific controversy, in which their names are conspicuous—if it can be accomplished through the pages of a journal; it being supposed that the editor is either so blind to the real motives of his contributor, or elated with the reception of a new article, that he cheerfully becomes a beast of burden to carry a trickster, from one stage to another, on the road to distinction. This is medical availability, or availing one's self of the shoulders of a journal to ride into notice—which journal the dishonest aspirant never fails to abuse and maltreat on the first fitting opportunity, when by doing it he hopes to achieve another point. Those who have been most forward in being thus brought into this kind of notice, are often false friends, ready on the first occasion to bite the hand that has fed them. Use, and then abuse, is a policy not unfrequently practised towards medical periodicals. Falling back upon an imagined superiority, should a thought or suggestion of theirs be called in question, after these hot-bed dictators have gained a certain conceived measure of earthly eminence, no vengeance compares with their throes of anger towards those to whom they are much indebted for their reputation. As long as their names are held up for praise, the elements of universal nature operate in perfect harmony; but wo to the editor who permits a backside view of the picture.

Eclectic Medical Convention.—From the relations of the Eclectic Journal, a wonderfully agreeable and satisfactory convention was held on the 25th of May, at Cincinnati. J. V. Morrow, M.D., was elected president. Sundry resolutions were passed; but medicine and surgery, as far as we have heard, continue to be practised very much as before the grave deliberations of the eclectics commenced. The convention adjourned on the sixth day of its session, to meet in the same city on the third Tuesday of May, 1849. After reading the reported doings of this body of disaffected gentlemen, who imagine themselves to be the instruments of an extraordinary revolution about to be ushered in—that is to be the golden age of physic—we cannot discover a single striking feature in their movements, which will even remotely change the present order of things. Wishing the eclectics of Ohio, that peace and profit which result from honest industry, we are perfectly frank in saying that we are satisfied no material alterations can ever be brought about by their efforts in this or any other country.

Importation of Adulterated Drugs.—The new Act to prevent the importation of adulterated drugs, provides for the appointment of a special examiner of such articles at each of the ports of New York, Boston, Philadelphia, Baltimore, Charleston and New Orleans—with salaries of \$1000 each, except the New York examiner, who is to receive \$1600.

Correspondence.

Medical Fees from Clergymen. TO THE EDITOR, &c. Sir,—In the last number of your Journal, I notice that one of your correspondents has given his views as to "medical fees from clergymen." I will not enter the field of controversy with the gentleman, but (with your permission) briefly state my views of the subject. Previous to which, however, allow me to say that either Dr. Chandler, or your present correspondent, has mistaken the motives of Dr. Platt who introduced the resolution alluded to in his article. It did not appear to me that that preamble or resolution was "*retalia-*

tory" or "vindictive," or that they were dictated by aught but justice and common sense. As to the second paragraph of the preamble to the resolution, so far as my observation extends, it is as true as if written by inspiration. But still I would not retaliate by any "vindictive measures" whatever. It matters not to me if every clergyman's name in the country were appended to the certificates of nostrum venders. When I am called upon to attend the family of the clergyman, I do it with as much cheerfulness and assiduity as if he had attended to *his own business* and nothing else. If his *pills* or *syrups* are introduced, I pass them by as the "idle winds," and give him to understand that such trash is beneath the notice of a man of common understanding.

It has always been a mystery to me why the physician should attend the clergy and their families without remuneration. I know of no other profession that loses its dignity in presence of the clergy—none other that is not amply remunerated for services rendered. It cannot be because the physician is rich, and the minister poor, for the reverse is oftener the case. It cannot be on the grounds of inability, misfortune or reciprocity, that such bills are not presented for payment. The physician is expected to pay as much towards the support of the minister as any one else (professional services not included). The salary of clergymen is amply sufficient for their support; while it is believed that the whole fees of legitimate medicine are far inadequate to the support of the whole profession. The salary of the clergyman, though not extravagantly large, places him upon the grounds of comparative independence—while many a poor parishioner, who labors hard for a scanty living, is compelled to pay the uttermost farthing. It is robbing ourselves of our just dues, and often compels us to urge the poorer classes to the extent of their means for our own maintenance, while this favored class go untaxed, and thrive upon our exertions. I can see no other reason for all this than that custom has made it lawful "not to see the minister." Custom is sometimes law, but not always justice.

Applonau, R. I., July 9th, 1848.

Yours truly,

A. P. King.

Morse's Cough Balsam. TO THE EDITOR, &c. Sir,—Through the medium of your Journal, the medical faculty have never had brought to their notice a certain compound familiarly known as *Dr. Morse's Cough Balsam*, containing, among other articles of medicine, an unknown quantity of morphine. It has been well reported of by sundry old grannies, and also by two physicians in this city, and the sale much increased by such approval from high authority. What gives this compound its superior virtues? Is it the morphine, the syrup, the balsam tolu, which constitutes it a medicine of unequalled virtue? When I think a patient needs morphine, I prefer to direct the quantity myself about the time it is to be used, it being a most potent drug, and even a deadly weapon in the hand of an assassin, a few grains taking life very soon. Can you recommend families to buy up such a medicine for daily use, they being ignorant of its nature. I think it as improper for common use as arsenic or any other thing of such fearful force.

I cannot imagine how a member of the Massachusetts Medical Society could be the father of such a compound, and yet not expose himself to the by-laws; but probably he has never been reprimanded by these guardians of public health. *HYOSCINUS.*

Lowell, July 12, 1848.

TO CORRESPONDENTS.—The following communications are on hand, and will be inserted as soon as space will permit:—Relations between the Clerical and Medical Professions; Hydrophobia and its Treatment; The Use of Chloroform; and Dr. Clendinen's Letter on Medicine and Surgery in Cincinnati.

MARRIED,—C. H. Vinton, M.D., of Bolton, Mass., to Miss J. A. Putney.

DIED,—Dr. James, a medical missionary, from Philadelphia, together with his wife, drowned by the capsizing of a schooner, near Hong Kong, China.

Report of Deaths in Boston—for the week ending July 15th, 48—Males, 19—females, 29.—Stillborn, 5. Of consumption, 5—typhus fever, 2—scarlet fever, 3—disease of the bowels, 2—disease of the knee, 1—disease of the heart, 2—disease of the stomach, 1—inflammation of the lungs, 1—dropsy, 3—dropsy of the brain, 1—marasmus, 5—infantile, 3—debility, 1—teething, 2—canker, 2—epilepsy, 1—worms, 1—old age, 1—worms, 1—hooping cough, 1—dysentery, 2—measles, 1—convulsions, 2—accidental, 1—suicide, 1—inflammation of the bowels, 2—disease of the chest, 1.

Under 5 years 22—between 5 and 20 years, 9—between 20 and 40 years, 6—between 40 and 60 years, 4—over 60 years, 7.

Medical Miscellany—Dr. Rayburn was the bearer of the Mexican treaty to Washington.—Mrs. Mary Bacon died at Providence, R. I., July 3d, at the age of 108 years.—Recent missionary accounts from Dr. Scudder, state that the cholera is producing dreadful ravages at Madras. Calomel and opium are the only reliable medicines, continuing the same statement, in saving the patient.—Memphis Medical College is assuming a strong position. One hundred and four students attended the second course of lectures, and twenty-two received the degree of M.D. Rich'd C. Hancock, of De Soto County, Mississippi, and Wesley Warren, of Paris, Tenn., had the honorary degree of M.D. conferred.—New Orleans continues remarkably healthful, although crowded with strangers.—In Boston there are two hundred and fifty-seven physicians, besides eight female practitioners, registered in the Directory, and eighteen Thomsonian practitioners, in various parts of the city.—Dr. Amos Bancroft, of Groton, Mass., a venerable and distinguished physician, was fatally injured the other day, in crossing a street in Boston, by a waggon.

J. P. MAYNARD'S LIQUID ADHESIVE PLASTER, OR COTTON SOLUTION.

A new and elegant substitute for Plaster Cloth, Sutures, Bandages, &c., in surgical operations. It is also much preferable to Court Plaster and Gold Beater's Skin, being nearly the color of the skin, adhering more closely to it, and continuing pliable and unaffected by washing.

This article, originally applied to Surgery by J. P. MAYNARD, has been found by all Surgeons who have tested it, far superior and more convenient than any former means of dressing Incised Wounds. For Burns, Sore Nipples, and all excoriated surfaces, it has proved extremely efficacious. It is not acted upon by water, and adheres with almost incredible tenacity to the skin, keeping the edges of the wound closely together, and causing it to heal with hardly a perceptible scar.

Prepared after the formula of J. P. Maynard, by MAYNARD & NOYES, and for sale by them at No. 11 Merchant's Row. apr. 26—eptf

MATIGO.

A FRESH supply just received and for sale by May 17—tf

JOSEPH BURNETT,
No. 33 Tremont Row.

BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE CO., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, Tremont street.

A. L. STIMSON, Secretary.

THOMAS TARBELL, President.

Dr. G. H. LYMAN, Consulting Physician.

\$29—tf

TO PHYSICIANS.

THE Subscriber would most respectfully inform the Physicians of Boston that he has removed his store to the CORNER OF TREMONT AND ELLIOT STREETS, where he will be much pleased to see any of the Faculty who will honor his establishment with a visit. With an experience of twelve years in compounding and dispensing medicines, he hopes by constant attention to business to merit a share of patronage, assuring them that their favors shall be prepared with fidelity, of the purest materials, and by himself personally. He will be constantly supplied with all the new preparations as soon as they are out.

Nov. 10.—eptf

J. GEORGE WHITWELL, Apothecary,
Corner Tremont and Elliot Streets, Boston.

WILLIAM BROWN,

At his Apothecary store, corner of Washington and Elliot streets, keeps constantly on hand a fresh supply of Medicines, selected expressly for Physicians' and Families' use, including all the English extracts—Conii, Belladonna, Hyoscyami, Taraxaci, &c. Also, all the new Chemical preparations recently introduced. Great care is taken in selecting the choicest of medicines for physicians' prescriptions; not trusting to such articles as rhubarb, ipecac, jalap, aloes, &c., powdered by steam and water power, but having them pulverized fresh from the root, under my own superintendence. The most strict personal attention paid to dispensing physicians' prescriptions. No one permitted to put up prescriptions except those of long experience in the business. Jan. 5—ly

CONCENTRATED SYRUP OF SARSAPARILLA.

In calling the attention of the Medical Faculty to this preparation, the Proprietors would simply state that they adopt the formula of the U. S. Dispensatory by Wood & Bache; making use of the best Alexandria senna and Honduras sarsaparilla. We are very particular in the selection of materials, and also in the preparation of the medicine. We make an addition of iodine to our preparation, and, we think, with obvious advantage. In these days of abounding quackery, it seems to us, there should be a preparation of sarsaparilla recognized by the Faculty as official, and as such, recommended by them.

We would moreover state, that we submit a full formula to all regular physicians, and as far as we have made known our enterprise, we have received the approval and encouragement of nearly all medical men.

Prepared and sold, wholesale and retail, by the subscribers, South Reading, Mass. Also, for sale in Boston, by S. W. Fowle, and in many of the cities and towns throughout the State.

JOSEPH D. MANSFIELD, M.D.
WM. H. WILLIS, M.D.

March 15.

VACCINE VIRUS.

Physicians in any section of the United States, can procure ten quills charged with PURE VACCINE VIRUS by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.